



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
STATE LABORATORIES DIVISION  
2725 WAIMANO HOME ROAD  
PEARL CITY, HAWAII 96782

DO NOT WRITE IN SHADED SECTION

☐ APPROVED

Date:

☐ DISAPPROVED

Date:

TYPE OF FEE PAID:

APPLICATION \$25

LICENSE \$ \_\_\_\_\_

Check No./Date:

Receipt No./Date:

NOTES:

APPLICATION FOR LICENSURE AS

Medical Laboratory Technician  
(Clinical Laboratory Technician)

LICENSE

DATE LOGGED

NO. ISSUED

DATE MAILED

DATABASE

B/B

USE TYPEWRITER OR PRINT CLEARLY

FULL NAME: \_\_\_\_\_  
Last First Middle

SOCIAL SECURITY NO.: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ TELEPHONE-RESIDENCE: ( )

-BUSINESS: ( )

City

State

Zip Code

EMPLOYER'S NAME AND ADDRESS: \_\_\_\_\_

Academic  
EDUCATION

NAME & LOCATION

YEARS  
ATTENDED

MAJOR OR MINOR

DEGREE/DATE RCVD.

High School

Training or  
Technical School

College or  
University

All professional experience or training during past 5 or more years

Attach a description of duties performed

Employer's Name

Address

Position Title

Date of  
Employment  
From - To

Other current and valid state licenses

<u>Name of State</u>	<u>License Category</u>	<u>License No.</u>	<u>Date Issued</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Professional Certification

<u>Name of Agency</u>	<u>Category</u>	<u>Registry No.</u>	<u>Date Issued</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 
1. Has your license in any state or country ever been revoked, suspended, or otherwise subject to disciplinary action?

If "yes" specify state where action took place. \_\_\_\_\_

2. Are you presently being investigated or is any disciplinary action presently pending against you relating to your performance as a clinical laboratory professional?

If "yes" explain below.

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Send this completed application and required documents to:

Hawaii State Laboratories Division  
Clinical Laboratory Personnel Licensing  
2725 Waimano Home Road  
Pearl City, HI 96782

If you have any questions, please call (808) 453-6653.

I hereby certify that the foregoing statements are true to the best of my knowledge. Also, I understand that any expenses incurred for taking the examination or for evaluation of my credentials, will be my responsibility and are not part of the license fee.

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Signature (in ink)

Date